

Exhibit A

Citation for Personal Service -RESIDENT NOTICE (CERTIFIED MAIL)

ORIGINAL

Case Number: 2019DCV-5387-G

THE STATE OF TEXAS

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

TO: **Strata Claims Management, LLC
211 E 7th Street
Austin Tx 78701**

the Defendant,

GREETING: You are commanded to appear by filing a written answer to the Plaintiff's Original Petition at or before 10:00 o'clock a.m. of the Monday next after the expiration of 20 days after the date of service of this citation before the Honorable David Stith, 319th District Court of Nueces County, Texas at the Courthouse of said County in Corpus Christi, Texas. Said Petition was filed on the 29th day of October, 2019. A copy of same accompanies this citation.

The file number of said suit being Number: **2019DCV-5387-G**

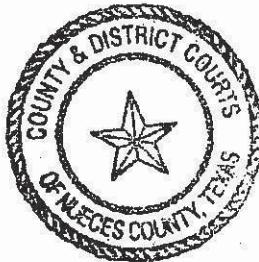
The style of the case is: **Satyanam Hospitality LLC dba Super 8 Corpus Christi vs. Peleus Insurance Company, Strata Claims Management, LLC, George Mares, et al**

Said Petition was filed in said court by Ben Crowell, attorney for Plaintiff, whose address is 2028 E Ben White Blvd Ste 240-2015 Austin Tx 78741 .

The nature of the demand is fully shown by a true and correct copy of the Petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly mail the same according to requirement of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said court at Corpus Christi, Texas, this 5th day of November, 2019.



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401

BY: Nadia R. Contreras, Deputy
Nadia Contreras

RETURN OF SERVICE

2019DCV-5387-G

SATYANAM HOSPITALITY LLC
DBA SUPER 8 CORPUS CHRISTI
VS.
PELEUS INSURANCE
COMPANY,STRATA CLAIMS
MANAGEMENT, LLC,GEORGE
MARES, ET AL

319TH DISTRICT COURT

Name _____

ADDRESS FOR SERVICE
Strata Claims Management, LLC
211 E 7th Street
Austin TX 78701

OFFICER'S OR AUTHORIZED PERSON'S RETURN

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____. m., and executed in _____ County, Texas by delivering to the within named defendant in person, a true copy of this Citation with the date of delivery endorsed thereon, together with the accompanying copy of the _____, at the following times and places, to-wit:

NAME	DATE/TIME	PLACE, COURSE & DISTANCE FROM COURTHOUSE
------	-----------	--

And not executed as to the defendant(s),
The diligence used in finding said defendant(s) being:

and the cause of failure to execute this process is:

and the information received as to the whereabouts of said defendant(s) being:

Fees:	_____	Officer
Serving Petition and Copy	\$ _____	County, Texas
Total	\$ _____	Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

In accordance with Rule 107: The officer or authorized person who serves, or attempts to serve, a Citation shall sign the return. The signature is not required to be verified. If the return is signed by a person other than a sheriff, constable, or the clerk of the court, the return shall be signed under penalty of perjury and contain the following statement:

"My name is _____, my date of birth is _____, and my
(First, Middle, Last)

address is _____
(Street, City, State, Zip, Country)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of
of _____, 20_____.

Declarant / Authorized Process Server

ID# & Expiration of Certification

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.



Certified Mail Fee

\$ _____

Extra Services & Fees (check box; add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$ _____

Strata Claims Management, LLC
Registered Agent: Corporation
Sent To **Service Company d/b/a CSC-Lawyers**
Inc.

Street and
City, State,

211 E. 7th St., Ste 620
Austin, Texas 78701

Postmark
Here

**ANNE LORENTZEN
DISTRICT CLERK**



Certificate of
Return of Service

DISTRICT COURTS / COUNTY COURTS AT LAW

901 LEOPARD STREET, ROOM 313

CORPUS CHRISTI, TEXAS 78401

361 888-0450 Fax 888-0571

Cause Number 2019DCV-5387-G

Satyanam Hospitality LLC dba Super 8 Corpus Christi

vs.

Peleus Insurance Company, Strata Claims Management, LLC, George

Style: Mares, et al

Pursuant to the Texas Rules of Civil Procedure, the undersigned certifies this cause.
Service was issued:

To: George Mares

8144 Walnut Ln Ste 1490

Dallas TX 75231

On (Date Issued) 11/05/2019

and served on: 11/07/2019

or returned unserved _____

By Certified or Registered Mail. The returned receipt is attached to this form and was filed in
this office on: 11/13/2019



**ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401**

BY: Nicole Alvarado, Deputy
Nicole Alvarado

Date 11/19/2019

ER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

plete items 1, 2, and 3.

Your name and address on the reverse
Page 6
that we can return the card to you.

Send this card to the back of the mailpiece, if the front if space permits.

19/19

George Mares

44 Walnut Hill Ln., Ste 1490
Dallas TX 75231

19-cv-00375

Ca Number Transfer from *canica* label

3. Service Type

Adult Signature Priority Mail E.

Adult Signature Restricted Delivery Registered Ma

Certified Mail® Registered Ma

Certified Mail Restricted Delivery Delivery

Collect on Delivery Return Receipt

Collect on Delivery Restricted Delivery Merchandise

Signature Con

Signature Con



USPS TRACKING #

TXSD 590 9402 4827 9032 7862 08

12/09/19

CLERK OF COUNTY
DISTRICT COURT
CLERK'S OFFICE

Anne Lorentzen
Nueces County District Clerk
P.O. Box 2987
Corpus Christi, TX 78403

- Sender:** Please print your name, address, and ZIP+4® in this box.

2619 P.C. - 5387-6

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**First-Class Mail
Postage & Fees
USPS**

Citation for Personal Service -RESIDENT NOTICE (CERTIFIED MAIL)

Case Number: 2019DCV-5387-G

ORIGINAL

THE STATE OF TEXAS

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

TO: **Engle Martin & Associates, LLC**
Registered Agent: CT Corporation
1999 Bryan St Ste 900
Dallas Tx 75201

the Defendant,

GREETING: You are commanded to appear by filing a written answer to the Plaintiff's Original Petition at or before 10:00 o'clock a.m. of the Monday next after the expiration of 20 days after the date of service of this citation before the Honorable David Stith, 319th District Court of Nueces County, Texas at the Courthouse of said County in Corpus Christi, Texas. Said Petition was filed on the 29th day of October, 2019. A copy of same accompanies this citation.

The file number of said suit being Number: **2019DCV-5387-G**

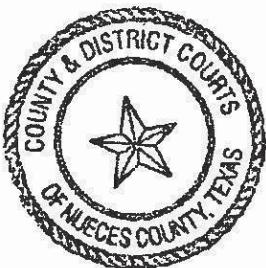
The style of the case is: **Satyanam Hospitality LLC dba Super 8 Corpus Christi vs. Peleus Insurance Company,Strata Claims Management, LLC,George Mares, et al**

Said Petition was filed in said court by **Ben Crowell**, attorney for Plaintiff, whose address is 2028 E Ben White Blvd Ste 240-2015 Austin Tx 78741 .

The nature of the demand is fully shown by a true and correct copy of the Petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly mail the same according to requirement of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said court at Corpus Christi, Texas, this 5th day of November, 2019.



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401
BY: Nadia R. Contreras, Deputy
Nadia Contreras

RETURN OF SERVICE

2019DCV-5387-G

SATYANAM HOSPITALITY LLC
DBA SUPER 8 CORPUS CHRISTI
VS.
PELEUS INSURANCE
COMPANY, STRATA CLAIMS
MANAGEMENT, LLC, GEORGE
MARES, ET AL

319TH DISTRICT COURT

Name _____

ADDRESS FOR SERVICE

Engle Martin & Associates, LLC
Registered Agent: CT Corporation
1999 Bryan St Ste 900
Dallas TX 75201

OFFICER'S OR AUTHORIZED PERSON'S RETURN

Came to hand on the _____ day of _____, 20_____, at _____ o'clock ___. m., and executed in _____ County, Texas by delivering to the within named defendant in person, a true copy of this Citation with the date of delivery endorsed thereon, together with the accompanying copy of the _____, at the following times and places, to-wit:

NAME	DATE/TIME	PLACE, COURSE & DISTANCE FROM COURTHOUSE
------	-----------	--

And not executed as to the defendant(s), _____

The diligence used in finding said defendant(s) being:

and the cause of failure to execute this process is:

and the information received as to the whereabouts of said defendant(s) being:

Fees:	_____	Officer
Serving Petition and Copy	\$ _____	County, Texas
Total	\$ _____	Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

In accordance with Rule 107: The officer or authorized person who serves, or attempts to serve, a Citation shall sign the return. The signature is not required to be verified. If the return is signed by a person other than a sheriff, constable, or the clerk of the court, the return shall be signed under penalty of perjury and contain the following statement:

"My name is _____, my date of birth is _____, and my
(First, Middle, Last)

address is _____
(Street, City, State, Zip, Country)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of
of _____, 20_____. _____

Declarant / Authorized Process Server

ID# & Expiration of Certification

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.[®]

Certified Mail Fee

POSTAGE PAID

MAILED

USE

Extra Seal 8 Eggs Extra Fresh

Return Receipt (hardcopy)

Certified Mail Restricted Delivery

Audit Signature Required

Postage

Total Postage

Sent To
62

**Engle Martin & Associates, LLC
Registered Agent: CT Corporation
System**

1999 Bryan St., Ste 900
Street and A

City, State, Zip

Dallas Tx 75201

POSITIVE

**ANNE LORENTZEN
DISTRICT CLERK**



Certificate of
Return of Service

DISTRICT COURTS / COUNTY COURTS AT LAW

901 LEOPARD STREET, ROOM 313

CORPUS CHRISTI, TEXAS 78401

361 888-0450 Fax 888-0571

Cause Number 2019DCV-5387-G
Satyanam Hospitality LLC dba Super 8 Corpus Christi
vs.
Peleus Insurance Company, Strata Claims Management, LLC, George
Style: Mares, et al

Pursuant to the Texas Rules of Civil Procedure, the undersigned certifies this cause.
Service was issued:

To: Andrew Skellie
1474 W Price Rd Ste 7-402
Brownsville TX 78526

On (Date Issued) 11/05/2019
and served on: 11/07/2019
or returned unserved _____

By Certified or Registered Mail. The returned receipt is attached to this form and was filed in
this office on: 11/13/2019



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401
BY: Nicole Alvarado, Deputy
Nicole Alvarado

Date 11/19/2019

3. R: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Please items 1, 2, and 3.
Your name and address on the reverse
so we can return the card to you.
In this card to the back of the mailpiece,
in the front if space permits.

Addressed to:

Andrew Skellie

174 W. Price Rd., Ste 7-

402

Brownsville, TX 78526



A. Signature

X

A
 A

B. Received by (Printed Name)

J. J. E. / CPZ

C. Date of
Delivery

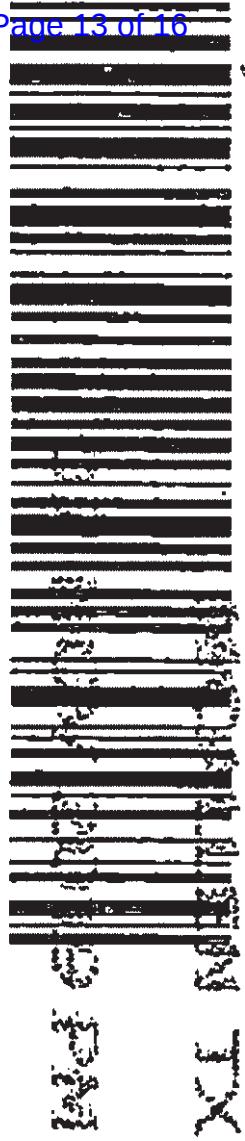
D. Is delivery address different from item 1?
If YES, enter delivery address below:

Y
 N

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Del |
| <input type="checkbox"/> Insured Mail | |

USPS TRACKING#



90 9402 4827 9032 7862 22

First-Class Mail
Postage & Fees
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box.

Anne Lorentzen
Anne Lorentzen
Nueces County District Clerk
P.O. Box 2987
Corpus Christi, TX 78403

2019 DCV-53876

(CJ) MC

Citation for Personal Service – Commissioner of Insurance

ORIGINAL

Case Number: 2019DCV-5387-G

THE STATE OF TEXAS

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

TO: Peleus Insurance Company PO Box 469012 San Antonio TX 78246-9012

the Defendant by serving in DUPLICATE copies to the COMMISSIONER OF INSURANCE, P.O. BOX 149104, MC 112-2A, AUSTIN, TEXAS 78714-9104.

GREETING: You are commanded to appear by filing a written answer to the Plaintiff's Original Petition at or before 10:00 o'clock a.m. of the Monday next after the expiration of 20 days after the date of service of this citation before the Honorable David Stith, 319th District Court of Nueces County, Texas at the Courthouse of said County in Corpus Christi, Texas. Said Petition was filed on the 29th day of October, 2019. A copy of same accompanies this citation.

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The style of the case is: **Satyanam Hospitality LLC dba Super 8 Corpus Christi vs. Peleus Insurance Company,Strata Claims Management, LLC,George Mares, et al**

Said petition was filed in said court by Ben Crowell attorney for Plaintiff, whose address is 2028 E Ben White Blvd Ste 240-2015 Austin Tx 78741.

The nature of the demand is fully shown by a true and correct copy of the Petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly mail the same according to requirement of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said court at Corpus Christi, Texas, this 5th day of November, 2019.



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401
Nadia R. Contreras
BY: _____, Deputy
Nadia Contreras

2019DCV-5387-G

RETURN OF SERVICE

SATYANAM HOSPITALITY LLC
DBA SUPER 8 CORPUS CHRISTI
VS.
PELEUS INSURANCE
COMPANY,STRATA CLAIMS
MANAGEMENT, LLC,GEORGE
MARES, ET AL

319TH DISTRICT COURT

Name _____

ADDRESS FOR SERVICE
 Peleus Insurance Company
 PO Box 469012
 San Antonio TX 78246-9012

OFFICER'S OR AUTHORIZED PERSON'S RETURN

Came to hand on the _____ day of _____, 20_____, at _____ o'clock ___. m., and executed in _____ County, Texas by delivering to the within named defendant in person, a true copy of this Notice of Petition to Suspend License with the date of delivery endorsed thereon, together with the accompanying copy of the _____, at the following times and places, to-wit:

NAME	DATE/TIME	PLACE, COURSE & DISTANCE FROM COURTHOUSE
------	-----------	--

And not executed as to the defendant(s),
 The diligence used in finding said defendant(s) being:

and the cause of failure to execute this process is:

and the information received as to the whereabouts of said defendant(s) being:

Fees:	_____	Officer
Serving Petition and Copy	\$ _____	County, Texas
Total	\$ _____	By _____ Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

In accordance with Rule 107: The officer or authorized person who serves, or attempts to serve, a Citation shall sign the return. The signature is not required to be verified. If the return is signed by a person other than a sheriff, constable, or the clerk of the court, the return shall be signed under penalty of perjury and contain the following statement:

"My name is _____, my date of birth is _____, and my
 (First, Middle, Last)

address is _____
 (Street, City, State, Zip, Country)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of
 of _____, 20_____.

Declarant / Authorized Process Server

ID# & Expiration of Certification

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.



Certified Mail Fee

\$ 0.00

Extra Services & Fees (checkbox add fee as appropriate)

- | | |
|--|----------------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ <u>0.00</u> |
| <input type="checkbox"/> Return Receipt (electronic) | \$ <u>0.00</u> |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ <u>0.00</u> |
| <input type="checkbox"/> Adult Signature Required | \$ <u>0.00</u> |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ <u>0.00</u> |

Postage

\$ 0.00 Peleus Insurance Company

C/O Texas Commissioner

Insurance

Street

P.O. Box 149104, MC 112-2A

Austin TX 78701

Postmark
Here